



U.P. TRUCK CENTER, INC.

P.O BOX 261 HIGHWAY US-2
QUINNESEC MI. 49876
www.uptruckcenter.com
Call Toll Free 888-744-8797



Credit Application Parts and Service

Amount of Credit Applied For: \$ _____

Business Information:

Name of Business or Individual	
Mailing Address	
City, State, Zip Code	
Type of Business	
Contact Person	
Telephone, Fax, Cell	

Ownership Type: Corporation Partnership Individual

Business References: (Preferably from Parts Purchases & Labor)

Name	Address	Phone
1)		
2)		
3)		

Terms: All invoices are due by the 10th of the month following the month of the charge. Invoices not paid within terms will be subject to a 2% charge per month until paid.

Upon signature of this application, I certify that all information on this form is correct and that I fully understand the credit terms and agree to proper payment in consideration of extended credit.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

For Office Use Only:

Approved by: _____ Date _____